

2384

PLACE OF BIRTH **Globe** **CERTIFICATE AMENDED**  
**SEE NOTATION** ARIZONA STATE BOARD OF HEALTH

1. County of **Globe** BUREAU OF VITAL STATISTICS State Index No. **732**  
 District of **Globe** ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. **249**  
 Town of **Globe** Last name amended from **Cawood** by **rept ny + newy** Local Registrar No. **3-15-46 (6-18-72)**  
 or **Globe** No. **North East** St. **North East** Ward)  
 City of **Globe** (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child **Thomas Noel Cawood** (If child is not yet named, make supplemental report, as directed)

3. Sex of child **Male** To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? **Yes** 7. Date of birth **June 20 - 1922** (Month, day, year)

FATHER		MOTHER	
8. Full name <b>Tom Cawood</b>	14. Full maiden name <b>Hinnie Margaret Woods</b>	15. Residence (Usual place of abode) <b>Globe Ariz</b>	16. Color or race <b>White</b>
9. Residence (Usual place of abode) <b>Globe Ariz</b>	15. Residence (Usual place of abode) <b>Globe Ariz</b>	16. Color or race <b>White</b>	17. Age at last birthday <b>19</b> (Years)
10. Color or race <b>White</b>	17. Age at last birthday <b>19</b> (Years)	18. Birthplace (city or place) <b>Texas</b>	19. Occupation <b>Housewife</b>
11. Age at last birthday <b>27</b> (Years)	18. Birthplace (city or place) <b>Texas</b>	19. Occupation <b>Housewife</b>	
12. Birthplace (city or place) <b>Texas</b>			
13. Occupation <b>oil driller</b>			
Nature of Industry <b>Farage worker at present</b>			

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **alive** at **1:30** p.m. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature **Dr. J. H. Norst M.D.**

Address **Box 23, Globe Ariz**

Given name added from a supplemental report (Month, day, year)

**334-620-662**

Registrar.

Filed **6-25**, 1922

Filed **7-5**, 1922

Local Registrar.

County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.